

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-018378

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4189

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED APR 23 1963

1. PLACE OF DEATH
a. COUNTY2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **St. Louis**

Length of stay in 1b

c. CITY
OR
TOWN **St. Louis**Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **Homer G. Phillips**Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
4716 PageReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
Ezekial

Middle

Last
Williams4. DATE
OF
DEATH

Month

Day

Year

4 12 63

5. SEX

Male

6. COLOR OR RACE

Negro7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Dec 25, 1868

9. AGE (last birthday)

94

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Trucker

10b. KIND OF BUSINESS OR INDUSTRY

L & B. Railroad

11. BIRTHPLACE (City and state or country)

Garnesville, Alabama

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)**No**

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Marcellus Murray 4255 1/2 W. Maffitt

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary EmbolismINTERVAL BETWEEN
ONSET AND DEATH**Undet.**Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).

Early Gangrene of Left Foot & Combined Hemorrhoids

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☒ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

4-5-63to **4-12-63**and last saw him alive on **4-12-63**Death occurred at **6:55 A.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

2601 N. Whittier

22c. DATE SIGNED

4-12-6323a. BURIAL, CREMATION,
REMOVAL (Specify)**Removal**

23b. DATE

April 18, 1963

23c. NAME OF CEMETERY OR CREMATORY

Greenwood Cemetery

23d. LOCATION (City, town, or county)

St. Louis County

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

1221 N. Grand Blvd.

25. DATE RECD. BY LOCAL REG.

APR 15 1963

26. REGISTRAR'S SIGNATURE

Loan Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

William Blackburn

Licensed Embalmer No. 3962

P. O. Address 1221 N. Grand Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.